

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (*PHI*). The individual is also provided the right to request confidential communications or that a communication of *PHI* be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I also understand and agree to have **my digital photo** identification taken as part of my electronic health records.

Authorization to discuss your medical information:

Patient only ***OR***

You may disclose my medical information to:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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I wish to be contacted in the following manner (fill out all that apply):

Home Telephone _____

O.K. to leave message with detailed information

Leave message with call-back number only

Work Telephone _____

O.K. to leave message with detailed information

Leave message with call-back number only

Written Communication

O.K. to mail to my home address

O.K. to mail to my work/office address

Other _____

Patient Signature

Date
